31-B R.C. 3517.10 2010 PRE-PRIMARY AMENDED

Attachment B
Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Mingo			10 NOV 18	4H 9: 22
To Whom Paid Expenditures From Form 31-F			0/3/203/2	
Address	Purpose		mounti (): FE	EUTIONS
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		1 -	
City	OH State	Zip Code	Check Number	
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City	OH.	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
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City	OH ,	Zip Code	Check Number	
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City	State OH	Zip Code	Check Number	
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Address	Purpose		 	•
City	State OH	Zip Code	Check Number	€ 14